Chapter 5

VISN Recommendations

Introduction

Chapter 5 provides the Commission's response to the Draft National CARES Plan (DNCP) proposals for the individual VISNs.

The Commission, during its review of the DNCP, developed a deep appreciation for the complexity of the VISN and national issues confronting VA as well as the significance of the many DNCP proposals. The Under Secretary for Health (USH), National CARES Program Office (NCPO), and each VISN, in carrying out the most comprehensive review ever undertaken of VA's health care system's capital assets, worked conscientiously to develop solutions to address issues they identified. Because of the size and complexity of the project, VA designed CARES to be a macro-level assessment of the resources necessary to meet veterans' future health care needs. This work, resulting in the issuance of the DNCP, forms the basis for making significant and far-reaching changes in the delivery of health care to our nation's veterans.

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The Commission recognizes and commends this enormous effort. The process was managed by the USH with nine full-time staff in VA Central Office (VACO) and 12 field support staff. VISN planning teams, field advisory groups, facility planners, engineers, and public affairs officers involved at least another 400 to 500 VISN and facility staff.

In responding to the DNCP proposals for each VISN, the Commission followed a format that provides an introductory overview of the VISN. Included are descriptions of geographic location, size, demographics, the "markets" developed for the CARES process, and a synopsis of the Commission's information gathering in the VISN. The DNCP proposals and alternatives, or lack thereof, are quoted at the outset of each topic in the VISN review, followed by a summary of the Commission's analysis, and then its findings and recommendations for each topic.

The "CARES projections" generated by the CARES model are also included in the VISN analyses. The information noted in the table on page one of each VISN discussion is based on data collected in FY 2001.[1] These projections supply the percentage in increases or decreases in need, or demand, by FY 2012 and by FY 2022, for various health care services in comparison to the FY 2001 baseline. The projections may show increases over the baseline by FY 2012 that thereafter decrease, by FY 2022, but which still indicate demand above the FY 2001 baseline. These projections are briefly explained in the individual VISN analyses.

In the introductory paragraph for each VISN, the actual enrollee population in the most recent fiscal year, FY 2003, is identified. As will be noted, the FY 2003 enrollee population increased significantly over the FY 2001 baseline; indeed, the number of FY 2003 enrollees is higher than the FY 2012 and FY 2022 projections even in those VISNs in which the enrollee projections would otherwise appear to be trending downward from the FY 2001 baseline level. There could be a number of explanations for this growth in the number of enrollees, such as improved access to care through newly opened community-based outpatient clinics (CBOCs), success of VA outreach efforts, veterans turning to VA for lower cost pharmaceuticals in response to increased costs outside of VA, and continued word-of-mouth advocacy from veterans satisfied with their care from VA. This anomalous result may lead to some questions about the validity of the CARES projections, which advocates for an ongoing calculation of the present and projected demand for services through the next phases of the CARES process.

It is important to understand the parameters given to the Commission in making its recommendations about DNCP VISN proposals. As mandated by the Charter and following the Secretary's guidance, the Commission's work was to review the DNCP proposals. The Commission was not charged with generating proposals. In some instances, however, the Commission considered alternative proposals

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[1] VA used the model developed by VA and its contractor, Milliman USA, for the CARES program. The output of the model used in each VISN summary is identified as the "CARES Scenario Milliman USA projections."

to those in the DNCP. These were raised by the VISNs earlier in the CARES process or in the course of hearings.[2] Where alternatives were provided in the DNCP or by the VISNs, the Commission indicates what they are in the section labeled "DNCP Alternatives" and considered them during its review. If no alternatives were provided, the Commission so indicates.

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There are some instances, based on information the Commission was given, when the Commission took the initiative to recommend a somewhat different course of action than that proposed in the DNCP or the alternatives. In other instances, it was clear after the Commission completed its information gathering, that certain DNCP proposals had already been implemented or approved for implementation. The report does not address those proposals. The Commission has no objection to any DNCP proposal not discussed in this report.

The Commission's subject-by-subject analysis of the proposals for the VISNs as set forth in the DNCP, with related findings and recommendations resulting from the Commission's deliberations on each VISN, follows.

[2] VISNs developed market plans delineating alternatives prior to the issuance of the DNCP and, in the Fall of 2003, submitted alternatives in response to the NCPO "data call".